MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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25		1				
26		1				
27	1					
28		1				
29		3				
30		2				
31		2				
32		2				
33		1				
34		1				
35	1					
36		1				
37	1					
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	37					
TOTAL CLAIMS	42					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						